



Request for Information – Response  
October 16, 2020

TO: Texas House Committee on Public Health  
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FROM: Lee Johnson, MPA  
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**RE: Request for Information (RFI) Response for Interim Charge 1 – Due October 16<sup>th</sup>**

*Related to Behavioral Health*

***HB 19***, which places non-physician mental health professionals at education service centers to provide resources for educators and administrators in school districts and charter schools.

***SB 11***, which creates the Texas Child Mental Health Care Consortium to facilitate access to mental health care services through telehealth and expands the mental health workforce through training and funding opportunities. Monitor the creation of the consortium and agencies' rulemaking processes. Review how school districts are spending their school safety allotment.

The Texas Council of Community Centers represents the 39 Community Mental Health and Intellectual Disability Centers (Centers) throughout Texas statutorily authorized to coordinate, provide, and manage community-based services, as alternatives for institutional care, for persons with intellectual and developmental disabilities, serious mental illness, and substance addictions. In many areas of the state Centers are known as Local Mental Health Authorities (LMHAs) and Local IDD Authorities (LIDDAs).

## **HB 19**

HB 19 implementation is helping to bridge gaps between the Education Service Centers (ESCs) and Local Mental Health Authorities (LMHAs), bringing together professionals to learn and engage and better understand each other's systems. It allows a non-physician mental health professional, employed by an LMHA, to be stationed in an ESC regional hub, providing information on resources, facilitating training, and increasing coordination between schools and community mental health service providers.

After the school shooting in Santa Fe, Texas, in May 2018, Texas leadership was galvanized to look more closely at ways in which schools and the education system as a whole can better support student mental health. The Governor's School and Firearm Safety Action Plan outlined some of these, including a

recommendation to increase training in Mental Health First Aid (MHFA), an evidence-based approach that helps people better understand mental health and substance use issues, and equips them with resources and concrete ways to help those who are struggling.

MHFA is one of the trainings facilitated by the non-physician mental health professionals whose roles are outlined in HB 19. Others include training on the effects of grief and trauma, prevention and early intervention related to substance use challenges, and more. The role also includes helping staff implement initiatives related to mental health and substance use disorder and ensuring they are aware of best practices and programs and services available in the area.

Although more than half of the 20 non-physician mental health professional roles have been filled, finding appropriately licensed individuals to fit within the statutory requirements has consistently been a challenge. This is in part due to a more generalized lack of mental health providers (the vast majority of Texas's 254 counties are federally designated as Health Professional Shortage Areas), and in part due to the strictures included within HB 19 itself. The bill requires individuals filling each non-physician mental health professional role to fall within a narrow scope of licensure, limited to licensed psychologists, registered nurses with advanced degrees in psychiatric nursing, licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists.

While the intent behind this requirement is understandable, and we agree that it is important to ensure that those in the role are well-educated and knowledgeable about mental health and substance use challenges, in practice it makes it difficult to hire appropriately. Many of those with the required licensure have pursued these licenses in order to be able to provide expert clinical care. Since the non-physician mental health professional's role in the HB 19 context is explicitly not to provide care to individuals, this limits the pool of applicants. Additionally, hiring managers may be loath to take a currently practicing clinician out of this part of the workforce, given the general dearth of such providers in Texas.

Given these challenges, the Texas Council recommends considering ways in which the statutory language might be tweaked slightly to open the potential pool of applicants more widely without sacrificing their overall knowledge and skills or the quality of work they are able to perform in this position. This could include expanding the list of potential licensures required to include Licensed Master Social Workers (LMSWs), Licensed Professional Counselor Associates, and Licensed Psychological Associates. Each of these licensed positions requires significant education and training in the same discipline areas already included in the bill, as well as testing achievements recognized by the relevant boards. The primary difference is in the relative hours of clinical experience, which as noted above is not especially relevant to the HB 19 role.

Thank you for considering ways to make the position easier to fill without lowering the quality of care and instruction those in the role will be able to provide. HB 19 is an important step in furthering collaboration between the school system and LMHAs, as well as other community providers.

## SB 11

As set out in SB 11 (86<sup>th</sup> Legislature), the Texas Child Mental Health Care Consortium (TCMHCC) is a bold and innovative effort that seeks to address the mental health of Texas children in a variety of ways.

These include the Child Psychiatry Access Network (CPAN), Texas Child Health Access Through Telemedicine (TCHAT), and Community Psychiatry Workforce Expansion (CPWE).

With membership on the TCMHCC, the Texas Council has been heavily engaged in these and other TCMHCC projects, as have our member Community Mental Health Centers (CMHCs). The projects offer new ways to engage with families and children, and more opportunities to strengthen relationships between CMHCs and health-related institutions (HRIs).

In the case of CPAN, this might include developing referral mechanisms to meet more intensive behavioral health needs with community resources. CPAN allows primary care providers and pediatricians to call in to an HRI in their region and consult with a child and adolescent psychiatrist on appropriate care for their young patients experiencing mental health challenges. In many cases, this is likely to be sufficient to get a child and their family connected to therapies and/or medication regimens that will address the issues at hand. Sometimes, however, a child's problems may be so complex or severe that they will need ongoing specialized services. In these cases, CMHCs could be an appropriate referral, given their expertise and statewide availability.

TCHAT also offers opportunities for further provision of the right care at the right place and the right time. It enables partnerships between CMHCs, HRIs, and school districts to provide students with psychiatric services via telemedicine on campus. This makes it easier for children to access care, since it requires less transportation and time on the part of busy families. TCHAT services are intended to be short-term, to help address more basic needs related to mental health concerns. Similarly to CPAN, in cases in which a student has exhausted the available telemedicine resources, and when the parents and provider have agreed that they need further care, referral pathways are in place for care to be transferred to a CMHC or other community provider, enabling a smooth transition and continuity of care. This model also relies on the expertise found within both our academic medical institutions and our community providers, allowing both to do what they do best and maximizing scarce resources while continuing to help children and families.

Finally, CPWE offers a chance to further develop the community mental health workforce, by placing academic medical directors and psychiatry residents in CMHCs for regular rotations. When providers in training get experience providing care in a community setting, they are more likely to continue such work in their later careers. Given the systemic mental health workforce challenges Texas has experienced for many years, this is a significant step in adding to the capacity and vigor of the community mental health system. Currently there are 11 HRIs and 15 CMHCs participating in CPWE, with additional participants anticipated as the effort moves forward.

Taken together with the TCMHCC's other projects, such as adding more fellowships in child psychiatry and conducting research on common mental health challenges that children and youth experience, CPAN, TCHAT, and CPWE represent significant steps in addressing children's mental health on a variety of fronts. The Texas Council and its member CMHCs are happy to be part of this extraordinary effort and look forward to continued partnerships, mutual learning experiences, and improved care and outcomes for the children and families of Texas.